BATTAIT A DRI IOATION FOR DEPARTMENT OF THE								'	pplication	or U	ocket Num	per	
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09750520					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA		NTITY	OR	OTHER		
TOTAL CLAIMS			33				RA	TE	FEE]	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA		BASI	CFEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3 3 minus 20=		. 13		X\$	9=	114.0	OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 = 1				X4	0=	40,00	OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESĖNT				+13		10,00	1	. 270		
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	+270=		
								TAL	J 200	OR	TOTAL		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	.RA	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 18	Minus	20		=	X\$	9=		OR	X\$18=		
	Independent	1.3	Minus				X4	0=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=	1/	OR	+270=		
								JATC	<u> </u>	OR	TOTAL	/	
	·	(Column 1)	· ·	(Colui	mn 2)	(Cölumn 3)	ADDIT	FEE	<u>L</u>	JOH	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER DUSLY	PRESENT EXTRA	RA	TE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	7.5.5	
	Independent	•	Minus	•••		=	X4)=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM			-			970		
:	•							5= OTAL	<u> </u>	OR	+270= TOTAL		
			· .		·		, ADOIT.			OR	ADDIT, FEE		
		(Column 1) CLAIMS		(Colur High		(Column 3)					·		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO	BER DUSLY	PRESENT EXTRA	RA*	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		÷	X\$	9=		OR	X\$18=	7	
	Independent	•	Minus	***		=	. X40		·,		X80=		
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							/ -		OR	∧60=		
, , , , , , , , , , , , , , , , , , ,											+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT: FEE		
		mber Previously Pai ber Previously Pai							propriate box				

FORM PTO-875 (Rev. 8/00)

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